



## Missouri Pharmacy Program – Preferred Drug List



### ***Beta Adrenergic Agents –Nebulized***

***Effective 12/15/2004***

***Revised 07/07/2011***

#### **Preferred Agents**

- Albuterol Sulfate
- Albuterol Sulfate (Low-Dose)

#### **Non-Preferred Agents**

- Accuneb®
- Xopenex®
- Levalbuterol Solution

| <b><u>Approval Criteria</u></b>   | <b><u>Denial Criteria</u></b>                           |
|---|---|
| Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent.                                | Lack of adequate trial on required preferred agent.     |
| Documented ADE/ADR to preferred agents.   | Therapy will be denied if no approval criteria are met. |
| Documented compliance on current therapy regimen.<br>Compliance screened transparently over previous six months | Drug Prior Authorization Hotline: (800) 392-8030        |